

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan: 08/31/1966
2a Plan sponsor's name (employer, if for a single-employer plan): BURGERS OZARK COUNTRY CURED HAMS, INC
2b Employer Identification Number (EIN): 44-0622339
2c Plan Sponsor's telephone number: 573-796-3134
2d Business code (see instructions): 311610

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for plan administrator, employer/plan sponsor, and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	417
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	334
	<b>6a(2)</b>	265
	<b>6b</b>	23
	<b>6c</b>	102
	<b>6d</b>	390
	<b>6e</b>	2
	<b>6f</b>	392
	<b>6g(1)</b>	335
	<b>6g(2)</b>	391
<b>h</b>	<b>6h</b>	22
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<b>A</b> Name of plan <b>BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BURGERS OZARK COUNTRY CURED HAMS, INC</b>		<b>D</b> Employer Identification Number (EIN) <b>44-0622339</b>

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**PRINCIPAL LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>42-0127290</b>	<b>61271</b>	<b>541222</b>	<b>292</b>	<b>04/01/2024</b>	<b>03/31/2025</b>

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>300</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**ACENSUS** **PO BOX 734602**  
**CHICAGO, IL 60673**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>0</b>	<b>300</b>	<b>REFERRAL/SERVICE FEE</b>	<b>3</b>

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	3835
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	6364

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶ CUSTODIAL GUARANTEED OPTION GROUP ANNUITY CONTRACT

**b** Balance at the end of the previous year ..... **7b**

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	4173	
(2) Dividends and credits.....	<b>7c(2)</b>		
(3) Interest credited during the year.....	<b>7c(3)</b>	84	
(4) Transferred from separate account .....	<b>7c(4)</b>		
(5) Other (specify below)..... ▶	<b>7c(5)</b>		
(6) Total additions .....	<b>7c(6)</b>	4257	

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 4257

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	334	
(2) Administration charge made by carrier.....	<b>7e(2)</b>	88	
(3) Transferred to separate account .....	<b>7e(3)</b>		
(4) Other (specify below)..... ▶	<b>7e(4)</b>		

(5) Total deductions ..... **7e(5)** 422

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 3835

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<b>A</b> Name of plan <b>BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BURGERS OZARK COUNTRY CURED HAMS, INC</b>	<b>D</b> Employer Identification Number (EIN) <b>44-0622339</b>	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)...  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TIM KERTZ, JOE HARTMAN, ELGIN REES

34-1542819

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 33 51 71	FINANCIAL ADVISOR	81723	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 64 37 50	CONTRACT ADMINISTRATOR	2665	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MORNINGSTAR INVESTMENT MANAGEMENT

36-4317381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 70	INVESTMENT ADVISOR	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WILSHIRE ADVISORS LLC

95-2755361

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 72	INVESTMENT ADVISOR	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORNINGSTAR INVESTMENT MANAGEMENT	26 70	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRINCIPAL LIFE INSURANCE COMPANY  42-0127290	14 BASIS POINTS ON ASSETS MANAGED BY MORNINGSTAR INVESTMENT MANAGEMENT LLC FOR TARGET MY RETIREMENT	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WILSHIRE ADVISORS LLC	27 72	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRINCIPAL LIFE INSURANCE COMPANY  42-0127290	1 BASIS POINT ANNUALLY ON ELIGIBLE PLAN ASSETS IN WILSHIRE 3(21) OR WILSHIRE 3(21) AUTO-EXECUTE FIDUCIARY SERVICE	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
 (complete as many entries as needed)

<b>a</b> Name:	EVERS & COMPANY, CPA'S, L.L.C.	<b>b</b> EIN:	43-1121359
<b>c</b> Position:	ACCOUNTANT		
<b>d</b> Address:	520 DIX RD SUITE A JEFFERSON CITY, MO 65109	<b>e</b> Telephone:	573-635-0227

Explanation: FEES

<b>a</b> Name:		<b>b</b> EIN:	
<b>c</b> Position:			
<b>d</b> Address:		<b>e</b> Telephone:	

Explanation:

<b>a</b> Name:		<b>b</b> EIN:	
<b>c</b> Position:			
<b>d</b> Address:		<b>e</b> Telephone:	

Explanation:

<b>a</b> Name:		<b>b</b> EIN:	
<b>c</b> Position:			
<b>d</b> Address:		<b>e</b> Telephone:	

Explanation:

<b>a</b> Name:		<b>b</b> EIN:	
<b>c</b> Position:			
<b>d</b> Address:		<b>e</b> Telephone:	

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>04/01/2024</b> and ending <b>03/31/2025</b>	
<b>A</b> Name of plan <b>BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST</b>	<b>B</b> Three-digit plan number (PN) <b>001</b>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <b>BURGERS OZARK COUNTRY CURED HAMS, INC</b>	<b>D</b> Employer Identification Number (EIN) <b>44-0622339</b>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PRIN SMCAP S&amp;P 600 INDEX SA-Z</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>PRINCIPAL LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>42-0127290-028</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>6364</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PRIN LIFETIME HYBR 2015 CIT Z</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>PRINCIPAL GLOBAL INVESTORS TRUST CO</b>		
<b>c</b> EIN-PN <b>26-6447574-002</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1790</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PRIN LIFETIME HYBR 2020 CIT Z</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>PRINCIPAL GLOBAL INVESTORS TRUST CO</b>		
<b>c</b> EIN-PN <b>26-6447574-003</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>5113</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PRIN LIFETIME HYBR 2025 CIT Z</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>PRINCIPAL GLOBAL INVESTORS TRUST CO</b>		
<b>c</b> EIN-PN <b>26-6447574-004</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>19845</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PRIN LIFETIME HYBR 2030 CIT Z</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>PRINCIPAL GLOBAL INVESTORS TRUST CO</b>		
<b>c</b> EIN-PN <b>26-6447574-005</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>151727</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PRIN LIFETIME HYBR 2035 CIT Z</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>PRINCIPAL GLOBAL INVESTORS TRUST CO</b>		
<b>c</b> EIN-PN <b>26-6447574-006</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>12529</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PRIN LIFETIME HYBR 2040 CIT Z</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>PRINCIPAL GLOBAL INVESTORS TRUST CO</b>		
<b>c</b> EIN-PN <b>26-6447574-007</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>58839</b>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2045 CIT Z

**b** Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

<b>c</b> EIN-PN 26-6447574-008	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46375
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2050 CIT Z

**b** Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

<b>c</b> EIN-PN 26-6447574-009	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32421
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2055 CIT Z

**b** Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

<b>c</b> EIN-PN 26-6447574-010	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13482
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR INC CIT Z

**b** Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

<b>c</b> EIN-PN 26-6447574-011	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1217
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2060 CIT Z

**b** Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

<b>c</b> EIN-PN 26-6447574-012	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7619
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2065 CIT Z

**b** Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

<b>c</b> EIN-PN 26-6447574-013	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5747
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2070 CIT Z

**b** Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

<b>c</b> EIN-PN 26-6447574-014	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 290
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>04/01/2024</b> and ending <b>03/31/2025</b>	
<b>A</b> Name of plan <b>BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BURGERS OZARK COUNTRY CURED HAMS, INC</b>	<b>D</b> Employer Identification Number (EIN) <b>44-0622339</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	-61797	1262
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1467742	1166213
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	3750
<b>(3)</b> Other .....	<b>1b(3)</b>	0	35776
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	647671	480989
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	1577362	1557509
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	2380328	2689017
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	470263	518501
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	14100282	14564568
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	2265872	2387432
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	356994
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	0	6364
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	7032156	7324904
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	0	3835
<b>(15)</b> Other .....	<b>1c(15)</b>	33203	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	29913082	31097114
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2480	7874
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2480	7874
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	29910602	31089240

**Part II Income and Expense Statement**

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1166213	
(B) Participants.....	2a(1)(B)	532152	
(C) Others (including rollovers).....	2a(1)(C)	64132	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1762497
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1154	
(B) U.S. Government securities.....	2b(1)(B)	58335	
(C) Corporate debt instruments.....	2b(1)(C)	143507	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		202996
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	247042	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		247042
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		721693
<b>c</b> Other income .....	<b>2c</b>		3810
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		2938038

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	1667137	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1667137
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	10540	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	81723	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		92263
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1759400

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1178638
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CBIZ CPAS P.C.

(2) EIN: 43-1947695

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

<b>A</b> Name of plan <u>BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>BURGERS OZARK COUNTRY CURED HAMS, INC</u>	<b>D</b> Employer Identification Number (EIN) <u>44-0622339</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 43-6066032

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 

3	
---	--

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline?.....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock?.....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market?.....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	<b>16b</b>	

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702814A.



**BURGERS EMPLOYEES PROFIT SHARING  
PLAN AND TRUST**

**FINANCIAL STATEMENTS**

Years Ended March 31, 2025 and 2024

## Independent Auditors' Report

To the Administrative Committee  
of Burgers Employees Profit Sharing Plan and Trust:

### Opinion on 2025 Financial Statements

We have audited the financial statements of the Burgers Employees Profit Sharing Plan and Trust (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statement of net assets available for benefits as of March 31, 2025, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of March 31, 2025, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion on 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2025 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the 2025 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

## **Auditors' Responsibilities for the Audit of the 2025 Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Other Matter - Supplemental Schedules Required by ERISA**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of and for the year ended March 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

**Other Matter - Auditors' Report on the 2024 Financial Statements**

The 2024 financial statements of the Plan were audited by predecessor auditors whose report dated August 28, 2024, expressed an unmodified opinion on those financial statements.

*CBIZ CPAs P.C.*

Kansas City, Missouri  
January 15, 2026

**BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

March 31, 2025 and 2024

	<b>2025</b>	<b>2024</b>
<b><u>ASSETS</u></b>		
Investments at fair value (See Note 4)	\$ 29,886,278	\$ 28,473,934
Investments at contract value (See Note 5)	3,835	-
Non-interest bearing cash	1,262	-
Receivables:		
Employer contributions	1,166,213	1,467,742
Participants' contributions	3,750	-
Pending trade due from broker	2,488	-
Accrued interest	33,288	33,203
TOTAL RECEIVABLES	1,205,739	1,500,945
TOTAL ASSETS	31,097,114	29,974,879
<b><u>LIABILITIES</u></b>		
Fees payable	7,874	2,480
Cash overdraft	-	61,797
TOTAL LIABILITIES	7,874	64,277
NET ASSETS AVAILABLE FOR BENEFITS	\$ 31,089,240	\$ 29,910,602

See Notes to Financial Statements

**BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

Years Ended March 31, 2025 and 2024

	<b>2025</b>	<b>2024</b>
<b>ADDITIONS:</b>		
Investment income:		
Net appreciation in fair value of investments	\$ 455,990	\$ 3,384,243
Interest	187,972	133,500
Dividends	531,579	465,465
	1,175,541	3,983,208
Contributions:		
Employer	1,166,213	1,467,742
Participants	532,152	-
Rollover	64,132	-
	1,762,497	1,467,742
<b>TOTAL ADDITIONS</b>	<b>2,938,038</b>	<b>5,450,950</b>
<b>DEDUCTIONS:</b>		
Benefits paid to participants	1,667,137	1,305,144
Administrative expenses	92,263	73,764
	1,759,400	1,378,908
<b>TOTAL DEDUCTIONS</b>	<b>1,759,400</b>	<b>1,378,908</b>
<b>NET INCREASE</b>	<b>1,178,638</b>	<b>4,072,042</b>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
Beginning of year	29,910,602	25,838,560
End of year	<b>\$ 31,089,240</b>	<b>\$ 29,910,602</b>

See Notes to Financial Statements

# BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST

## NOTES TO FINANCIAL STATEMENTS

### ( 1 ) Description of plan

The following description of the Burgers Employees Profit Sharing Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan document or Summary Plan Description for a more complete description of the Plan's provisions, which are available from the plan administrator.

**General** - The Plan is a defined contribution plan sponsored by Burgers' Ozark Country Cured Hams, Inc. (the "Company") for the benefit of its full-time employees who have 3 months of service and long-term part-time employees age 21 with at least 3 years of service in which more than 500 hours are worked in each year. Union employees covered by a collective bargaining agreement, certain non-resident aliens, leased employees and employees residing in Puerto Rico are not eligible to participate in the Plan. CFMC, LLC, a wholly-owned subsidiary of the Company, is a participating employer in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan is administered by the Plan trustees and management of the Company. The Plan trustees and Company management have overall responsibility for the operation and administration of the Plan, determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

**Plan changes and plan amendments** - Effective April 1, 2024, the Company engaged Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company and Principal Life Insurance Company (collectively "Principal") as custodian and recordkeeper over certain participant directed Plan assets. In addition, Wilshire Advisors LLC was engaged to provide ERISA 3(21) services and Morningstar Investment Management LLC was engaged to provide investment advisory services for assets custodied by Principal.

Effective April 1, 2024, the Plan was amended to allow 401(k) pre-tax deferrals, Roth deferrals, safe harbor match contributions and participant loans. Previously, only employer nonelective profit sharing contributions and rollover contributions were allowed.

Effective December 15, 2024, the Plan was amended to no longer allow installment distributions.

**Contributions** - Effective April 1, 2024, participants may contribute up to the maximum allowed by law as pre-tax or Roth contributions, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Additionally, participants age 50 or older, who are making contributions to the Plan, are allowed to make catch-up contributions as defined in the Plan. Participants direct the investment of all pre-tax, Roth and safe harbor matching contributions into various investment options offered by the Plan. The investment direction for nonelective profit sharing contributions is directed by the Plan trustees. With the Plan changes noted above and effective April 1, 2024, the Company made a safe harbor matching contribution equal to 100% of employee contributions up to 3% of plan compensation in the amount of \$459,953. Additional nonelective profit sharing amounts may be contributed at the option of the Company. During the years ended March 31, 2025 and 2024, the Company made profit sharing contributions of \$706,260 and \$1,467,742, respectively, to the Plan. Contributions are subject to certain Internal Revenue Code ("IRC") limitations.

# BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST

## NOTES TO FINANCIAL STATEMENTS

### ( 1 ) Description of plan (continued)

**Participant investment account options** - The Plan currently offers various mutual funds, common collective trusts, pooled separate account, and a guaranteed interest contract as investment options for participants. Each investment option has its own investment strategy, which can be obtained through the prospectus of the respective fund. Participants may change their investment options at any time.

**Participant accounts** - Each participant's account is credited with the participant's contribution and allocations of (a) the Company safe harbor matching contributions, as well as profit sharing contribution and (b) plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting** - Participants are immediately 100% vested in their contributions and safe harbor matching contributions plus actual earnings thereon. Employer nonelective profit sharing contributions are subject to the following vesting schedule:

<u>Years of Service</u>	<u>Vested %</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

**Payment of benefits** - On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account. Participants who must receive required minimum distributions may elect partial withdrawals or installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. If the vested account balance is less than \$5,000, the amount will only be paid to the participant as a lump sum. Participants with a vested account balance greater than \$5,000 may maintain their account in the Plan and must consent to any distribution of his or her account. Effective December 15, 2024, installment distributions are no longer allowed.

**Forfeited accounts** - At March 31, 2025 and 2024, forfeited nonvested accounts totaled \$0. These accounts are reallocated as employer profit sharing contributions. For the years ended March 31, 2025 and 2024, additional profit sharing contributions of \$121,107 and \$83,882, respectively, were reallocated to participants from forfeited nonvested accounts.

# BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST

## NOTES TO FINANCIAL STATEMENTS

### ( 2 ) Summary of significant accounting policies

**Basis of accounting** - The financial statements of the Plan are prepared on the accrual method of accounting.

**Use of estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

**Investment valuation and income recognition** - Investments are reported at fair value (except for the fully benefit-responsive investment contract which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan trustees and Company management determine the Plan's valuation policies utilizing information provided by the investment custodians. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

**Contributions** - Contributions from Plan participants and the safe harbor matching contributions from the Employer are recorded in the year in which the employee contributions are withheld from compensation. Employer profit sharing contributions are recorded in the year in which they are earned.

**Payment of benefits** - Benefits are recorded when paid.

**Administrative expenses** - Certain expenses of the Plan are paid by the Company and are not included in the statements of changes in net assets available for benefits. Certain fees related to the administration and recordkeeping of the Plan are charged directly to the participant's account and included in administrative expenses. Certain investment related expenses are included in net appreciation of fair value of investments. Investment advisory fees related to the Plan's accounts with Stifel, Nicolaus & Company ("Stifel") are charged directly to the Plan and allocated to participant's on a pro rata basis.

**Reclassification** - Certain items from the 2024 financial statements have been reclassified to conform with the 2025 presentation. Such reclassifications had no effect on the total net assets available for benefits.

## BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS

#### ( 3 ) Nonparticipant-directed investments

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	March 31,	
	2025	2024
Net assets:		
Mutual funds	\$ 7,105,772	\$ 7,032,156
Common stocks and exchange traded funds	14,564,568	14,100,282
Preferred stocks	518,501	470,263
U.S. government securities	1,557,509	1,577,362
Corporate bonds	2,689,017	2,380,328
Interest bearing cash	480,989	647,671
Partnerships	2,387,432	2,265,872
Non-interest bearing cash	1,262	-
Employer contributions receivable	706,260	1,467,742
Pending trade due from broker	2,488	-
Accrued interest	33,288	33,203
Fees payable	(7,874)	(2,480)
Cash overdraft	-	(61,797)
	\$ 30,039,212	\$ 29,910,602
	Years Ended March 31,	
	2025	2024
Changes in net assets:		
Contributions	\$ 706,260	\$ 1,467,742
Interest	187,887	133,500
Dividends	529,438	465,465
Net appreciation	374,333	3,384,243
Benefits paid to participants	(1,661,434)	(1,305,144)
Administrative expenses	(7,874)	(73,764)
	\$ 128,610	\$ 4,072,042

#### ( 4 ) Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASU”) Topic 820 are described below:

Level 1            Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

## BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS

#### ( 4 ) Fair value measurements (continued)

Level 2	Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2025 and 2024.

*Common stocks, preferred stocks and exchange traded funds:* Valued at the closing price reported on the active market on which the individual securities are traded.

*Corporate bonds:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

*U.S. government securities:* Valued using pricing models maximizing the use of observable inputs for similar securities.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Interest-bearing cash:* Valued at cost, plus interest which approximates fair value.

*Partnerships:* Valued at the NAV of shares held by the Plan at year end based on the financial statements of the fund.

*Pooled separate account:* Valued at the NAV of units of the separate account. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the separate account, the investment advisor reserves the right to temporarily delay withdrawal from the account in order to ensure that securities liquidations will be carried out in an orderly business manner.

## BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS

#### ( 4 ) Fair value measurements (continued)

*Common collective trusts:* Valued at the NAV of units of a bank collective trust. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of March 31, 2025:

	<b>Investments at Fair Value as of March 31, 2025</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Mutual funds	\$ 7,324,904	\$ -	\$ -	\$ 7,324,904
Common stocks and exchange traded funds	14,564,568	-	-	14,564,568
Preferred stocks	518,501	-	-	518,501
U.S. government securities	-	1,557,509	-	1,557,509
Corporate bonds	-	2,689,017	-	2,689,017
Interest-bearing cash	480,989	-	-	480,989
Total assets in the fair value hierarchy	<u>\$ 22,888,962</u>	<u>\$ 4,246,526</u>	<u>\$ -</u>	\$ 27,135,488
Investments measured at NAV practical expedient <sup>(a)</sup>				<u>2,750,790</u>
Total investments at fair value				<u>\$ 29,886,278</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of March 31, 2024:

	<b>Investments at Fair Value as of March 31, 2024</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Mutual funds	\$ 7,032,156	\$ -	\$ -	\$ 7,032,156
Common stocks and exchange traded funds	14,100,282	-	-	14,100,282
Preferred stocks	470,263	-	-	470,263
U.S. government securities	-	1,577,362	-	1,577,362
Corporate bonds	-	2,380,328	-	2,380,328
Interest-bearing cash	647,671	-	-	647,671
Total assets in the fair value hierarchy	<u>\$ 22,250,372</u>	<u>\$ 3,957,690</u>	<u>\$ -</u>	\$ 26,208,062
Investments measured at NAV practical expedient <sup>(a)</sup>				<u>2,265,872</u>
Total investments at fair value				<u>\$ 28,473,934</u>

# BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST

## NOTES TO FINANCIAL STATEMENTS

### ( 4 ) Fair value measurements (continued)

(a) In accordance with Subtopic 820-10, certain investments that were measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

#### Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is based on NAV per share practical expedient as of March 31, 2025 and 2024, respectively.

Investments	Fair Value	Fair Value	Unfunded Commitments	Redemption	Redemption
	March 31, 2025	March 31, 2024		Frequency	Notice Period
Common collective trusts	\$ 356,994	\$ -	\$ -	Daily	None
Pooled separate account	6,364	-	-	Daily	None
Blackstone Real Estate Income Trust Inc CL I	518,902	508,694	-	(b)	(b)
Blue Owl Credit Income Corp CL I	472,330	-	-	(b)	(b)
GAI Agility Income CL A Fund	-	372,425	-	(b)	(b)
Millburn Multi Markets Fund Ser B LP	250,002	246,758	-	(b)	(b)
NB Crossroads Private Markets Access Fund CL I	480,369	446,328	-	(b)	(b)
PMF TEI Fund LP	-	27,311	-	(b)	(b)
Skybridge Multi Advisor Hedge Fund Portfolios LLC	665,829	664,356	-	(b)	(b)
Total	<u>\$ 2,750,790</u>	<u>\$ 2,265,872</u>	<u>\$ -</u>		

(b) Generally, interests in limited partnerships may not be sold or transferred without compliance with U.S. federal and state securities laws, pursuant to registration or exemption therefrom. In addition, transfer or other disposition of the interests is restricted as provided in the partnership agreements.

## BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS

#### ( 5 ) Fully benefit-responsive investment contract

The Plan has a fully benefit-responsive guaranteed investment contract with Principal Life Insurance Company ("Principal Life"). Principal Life maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 0.15% percent or greater than 3%. The crediting interest rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit responsive investment contracts because this is the amount received by participants if there were to initiate permitted transactions under the Plan. Contract value, as reported to the Plan by Principal Life, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendment to the Plan document (including complete or partial termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Such events include the following: (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreements without the consent of the issuer.

## BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS

#### ( 6 ) **Related party transactions and party-in-interest transactions**

Certain Plan investments are common collective trusts, pooled separate account and a guaranteed interest contract managed by Principal Life and interest-bearing cash deposit accounts held by Stifel. Principal Life is a custodian and recordkeeper for the Plan and Stifel is a custodian and investment advisor for the Plan and therefore, these transactions qualify as party-in-interest transactions.

Lake Wealth Management Group (an affiliate of Stifel), is an investment advisor of the Plan, is a party-in-interest. The Plan made direct payments to the investment advisor of \$81,723 and \$71,284 for the years ended March 31, 2025 and 2024, respectively.

Other fees incurred by the Plan for investment management services are included in net appreciation in fair value of the investments, as they are paid through revenue sharing, rather than a direct payment. As described in Note 2, the Plan made direct payments to Principal of \$2,666 and \$0 for the years ended March 31, 2025 and 2024, respectively, which was not covered by revenue sharing. The Plan paid certain expenses related to the Plan's operations and investment activity to various service providers. These transactions are party-in-interest transactions. The Plan Sponsor pays directly any other fees related to the Plan's operations.

#### ( 7 ) **Plan termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in the profit sharing contributions.

#### ( 8 ) **Tax status**

The Company has adopted a pre-approved plan document that has received an opinion letter from the Internal Revenue Service ("IRS") dated June 30, 2020, stating that the form of the pre-approved plan document was in compliance with the applicable requirements of the IRC. Although, the Plan has been amended since adopting the pre-approved plan document, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore, believes that the Plan is qualified.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### ( 9 ) **Risks and uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

**BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST**

**NOTES TO FINANCIAL STATEMENTS**

**( 10 ) Subsequent events**

The Plan has evaluated subsequent events through January 15, 2026, which is the date the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

**BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST**  
**SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS**

Year Ended March 31, 2025

EIN: 44-0622339  
 Plan Number: 001

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)	
Identity of party involved	Description of asset	Number of Transactions	Purchase price	Selling price	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or loss
<i>Category (iii) - Series of transactions in excess of 5% of beginning plan assets</i>								
iShares	iShares Russell 1000 Growth ETF	2	\$ -	\$ 1,513,343	\$ -	\$ 983,829	\$ 1,513,343	\$ 529,514

**SUPPLEMENTAL SCHEDULES**

# BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST

## SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

March 31, 2025

EIN: 44-0622339  
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
		(1)		
<b>Interest-bearing Cash</b>				
*	Stifel FDIC Insured Deposit Account	\$ 480,989	\$ 480,989	
<b>Common Stock</b>				
	Aaon Inc	\$ 25,555	\$ 44,456	
	Abb Ltd Spon Adr	15,134	27,008	
	Adidas Ag Spons Adr	7,244	9,083	
	Agilent Technologies Inc	27,962	21,758	
	Aia Group Ltd Spon Adr	24,304	15,911	
	Air Lease Corp Cl A	26,977	30,242	
	Air Liquide Adr	9,390	13,421	
	Airbus Se Adr	15,035	19,356	
	Akamai Technologies Inc	28,548	21,735	
	Albemarle Corp	29,943	12,748	
	Amadeus It Group Sa Ads	21,352	26,374	
	American Electric Powercompany Inc	24,730	30,377	
	American Financial Grp Inc Ohio	15,878	16,680	
	American Healthcarereit Inc	6,671	11,605	
	American Homes 4 Rentcl A	13,554	18,943	
	American Tower Corp New	65,520	68,979	
	Americold Realty Trustinc	28,538	21,353	
	Americold Realty Trustinc	16,316	13,091	
	Amgen Inc	17,797	25,547	
	Analog Devices Inc	9,108	8,672	
	Anheuser Busch Inbevsa/Nv	15,434	13,850	
	Ansys Inc	37,077	30,390	
	Applied Materials Inc	13,666	12,335	
	Aptargroup Inc	45,861	42,140	
	Arrow Electronics Inc	22,442	19,416	
	Ashtead Group Plc Adr	11,962	8,028	
	Asml Holding Nvny Registry Shs New 2012	23,072	24,517	
	Astrazeneca Plc Sponsored Adr	18,421	29,106	
	Avalonbay Commntys Inc	29,507	33,695	
	Avient Corp	14,166	10,962	
	B&M European Valueretail Sa Unspn Adr	5,502	2,198	
	Bae Systems Plc Spon Adr	14,310	18,666	
	Balchem Corp	16,851	27,722	
	Beigene Ltdspon Adr	5,007	7,893	
	Bhp Group Ltdspon Adr	4,895	4,029	
	Bio Rad Labs Inc Cl A	37,296	16,075	
	Blackstone Inc	13,702	13,559	
	Bp Plcspon Adr	11,133	10,205	
	British Amern Tobacco Plc Spons Adr 25P	8,603	8,812	
	Broadcom Inc	32,253	31,812	
	Broadridge Financial Solutions Inc	20,495	27,398	
	Broadstone Net Lease Inc	7,571	6,969	
	Bwx Technologies Inc	31,563	47,155	
	Bxp Inc	28,520	21,165	
	Canadian Nationalrailway Company	16,599	13,644	
	Capgemini Se Adr	15,529	12,100	
	Carlsberg As Sponsored Adr	12,467	10,421	
	Cbre Group Inc Cl A	34,868	49,566	
	Cencora Inc	15,220	31,702	
	Centene Corp Del	25,719	23,859	
	Championx Corp	13,783	14,244	
	Chemed Corp	69,974	94,144	
	Chesapeake Utility Corp	38,855	48,161	
	Chevron Corp	14,041	15,725	

## BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST

### SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

March 31, 2025

EIN: 44-0622339  
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost (1)	Current value	
<b>Common Stock (continued)</b>				
Chugai Pharmaceuticals Company Ltd		\$ 11,411	\$ 10,915	
Cisco Systems Inc		31,739	42,703	
Citigroup Inc		11,367	14,269	
Coca-Cola Company		24,367	27,860	
Comcast Corp Cl A		14,828	12,509	
Corning Inc		24,288	29,620	
Coterra Energy Inc		17,996	24,334	
Cousins Properties Inc		11,990	11,269	
Csx Corp		25,058	20,895	
Cummins Inc		17,209	24,135	
Curtiss-Wright Corp De		39,083	77,731	
Daiichi Sankyo Co Ltdspon Adr Level 1		17,183	14,686	
Daikin Industries Ltdunspon Adr		11,778	7,870	
Danonespon Adr		7,407	9,722	
Darden Restaurants Inc		26,954	39,059	
Dbx Group Hldgs Ltd Spon Adr		11,532	21,167	
Dentsply Sirona Inc		22,071	7,321	
Deutsche Bank Ag		13,387	19,112	
Digital Realtytrust Inc		14,591	18,628	
Dover Corp		26,049	27,406	
Dow Inc		29,238	19,555	
Dr Horton Inc		22,761	27,460	
Dsv A/Sunspon Adr		16,061	18,822	
Dt Midstream Inc		21,961	21,708	
Eastgroup Properties Inc		6,978	6,694	
Eastman Chemical Co		22,020	19,120	
Eaton Corp Plc		24,184	20,387	
Engiespon Adr		11,209	16,343	
Enpro Inc		32,162	50,155	
Ensign Group Inc		46,097	94,333	
Entegris Inc		21,138	18,808	
Epiroc Aktiebolagadr		20,008	20,663	
Equinix Inc par \$0.001		40,405	47,290	
Equity Lifestyle Properties Inc		9,744	9,538	
Equity Residential		16,233	17,251	
Essex Property Trust Inc		10,596	13,796	
Essilor Luxotticaunpon Adr		15,317	29,685	
Evercore Inc CL A		25,994	57,320	
Extra Space Storage Inc		27,128	30,440	
Federal Signal Corp		21,796	57,590	
Ferrari Nv		7,936	8,130	
Fujitsu Ltd Adr 5		7,507	10,004	
Gaming & Leisure Properties Inc		12,766	12,674	
Gatx Corp		14,279	23,756	
General Dynamics Corp		15,858	19,898	
Gildan Activewear Inc		55,617	52,135	
Givaudan Sa		11,589	15,643	
Global Payments Inc		24,992	20,759	
Halma Plcadr		15,309	14,316	
Healthpeak Pptys Inc		13,835	12,658	
Helmerich & Payne Inc		16,723	9,743	
Hermes International Sca Adr		5,907	14,936	
Hexcel Corp		17,692	16,318	
Hitachi Ltd Adr		11,354	17,541	
Home Depot Inc		16,704	25,765	
Honeywell Intl Inc		21,056	24,775	

## BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST

### SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

March 31, 2025

EIN: 44-0622339  
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost (1)	Current value	
<b>Common Stock (continued)</b>				
Hong Kong Exchanges & Clearing Ltd Adr		\$ 12,806	\$ 16,268	
Houlihan Lokey Inc Cl A		14,957	22,772	
Hoya Corpspon Adr		5,938	5,548	
Iberdrola Sa Sponsoredadr Repstg 1		7,790	10,189	
Imperial Brands Plcsponsored Adr		13,119	17,590	
Industria De Disenotextil Inditex Sa Adr		9,438	19,200	
Innospec Inc		30,497	27,857	
Insperty Inc		30,290	26,323	
Installed Building Products Inc		8,664	7,201	
Intercontinental Exchange Inc		30,693	38,985	
Interparfums Inc		25,002	36,894	
Intl Business Machines Corp		23,413	41,278	
Inventrust Properties Corp		6,053	6,520	
Invitation Homes Inc		16,773	22,409	
Iqvia Holdings Inc		30,143	22,566	
Itochu Corp Adr		13,343	14,417	
Johnson & Johnson		24,596	27,831	
Jpmorgan Chase & Co		20,736	30,908	
Keyence Corp		13,145	14,810	
Keysight Technologies Inc		35,455	27,558	
Kilroy Rlty Corp		10,231	4,914	
Kingspan Group Plc Adr		1,964	2,046	
Kinsale Capital Group Inc		11,325	53,051	
L Oreal Company Adr		19,201	18,664	
Labcorp Holdings Inc		25,120	23,972	
Lancaster Colony Corp		37,763	42,000	
Lemaitre Vascular Inc		19,796	43,292	
Littelfuse Inc		31,121	22,625	
Lockheed Martin Corp		24,199	23,676	
London Stock Exchange Group Adr		18,135	32,439	
Lvmh Moet Hennessy Louis Vuitton Adr		21,258	17,466	
Marriott Vacations Worldwide Corp		7,356	2,891	
Masco Corp		30,213	34,770	
Mcdonalds Corp		20,684	30,149	
Medtronic Plc		27,870	26,958	
Merck & Company Inc		31,370	23,158	
Meritage Homes Corp		14,909	13,184	
Metlife Inc		24,394	28,664	
Morgan Stanley		23,964	29,868	
Msa Safety Inc		46,259	49,141	
Mtu Aero Engines Agadr		6,599	11,817	
Munich Re Group Adr		12,305	15,054	
Murphy Oil Corp		12,357	8,350	
National Grid Plcspon Adr New 2017		9,772	9,645	
National Healthinvestors Inc		3,918	5,687	
Natwest Group Plc Spon Adr Repstg 2		11,652	17,105	
Nestle S Aspon Adr Repstg Reg Shs		24,484	21,752	
Netease Inc spon Adr		5,735	5,043	
Netst REIT Corp		7,198	6,499	
New York Timescl A		26,203	25,494	
Nintendo Ltd Adr		8,446	9,255	
Nitori Holdings Co Ltd Adr		8,193	4,291	
Nomura Research Institute Ltd Adr		12,039	13,994	
Novo Nordisk As Adr		16,460	26,109	
Packaging Corp of America		14,594	20,990	

# BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST

## SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

March 31, 2025

EIN: 44-0622339  
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
		(1)		
<b>Common Stock (continued)</b>				
Paychex Inc		\$ 18,547	\$ 30,856	
Pepsico Inc		21,479	22,491	
Perrigo Co Plc		42,511	32,274	
Pfizer Inc		24,503	22,603	
Power Integrations Inc		29,718	20,402	
Procter & Gamble Co		16,792	25,052	
Progressive Corp Oh		14,166	34,244	
Prologis Inc		27,180	36,667	
Prologis Inc		24,237	24,258	
Qiagen Nv par \$0.001		22,105	19,754	
Raymond James Financial Inc		14,647	33,477	
Recruit Hldgs Co Ltd ADR		7,258	8,454	
Regency Centers Corp		21,284	24,488	
Reinsurance Group America Inc		25,880	34,064	
Relx Plc Spon ADR		15,153	22,584	
Renaissancere Holdings Limited		18,771	26,880	
Republic Services Inc		30,583	51,338	
Rexford Industrialrealty Inc		15,395	10,962	
Rheinmetall Ag ADR		4,048	7,727	
Rolls-Royce Holdingsplc Sponsored ADR		12,833	27,674	
Ross Stores Inc		25,139	21,085	
Royal Kpn Nvspon ADR		8,480	10,576	
Ryanair Holdings Plc Spon ADR		8,881	8,093	
Ryman Hospitality Pptys Inc		11,544	9,967	
Sabra Health Care REIT inc		10,778	12,631	
Safran S A Spon ADR		22,505	42,447	
Sap Sespon ADR		23,424	36,508	
Saul Centers Inc		1,818	1,226	
Sba Communications Corpcl A		27,451	19,581	
Sba Communications Corpcl A		19,700	20,681	
Scotts Miracle-Gro Co		31,228	16,247	
Sealed Air Corp		24,724	12,514	
Sensata Technologies Holding Plc		30,511	14,344	
Shell Plc Sponsored ADR Repstgord Shs		14,299	15,022	
Shin Etsu Chemical Coltd Unspn ADR		10,079	9,982	
Shopify Inccl A		1,707	5,631	
Sika Agadr		14,766	13,431	
Simon Property Group Inc		16,996	16,608	
Skyworks Solutions Inc		31,826	15,188	
Smc Corp		12,762	10,771	
Snap On Inc		14,804	30,331	
Spotify Technology Sa		10,618	11,001	
Straumann Holding Ag ADR		5,833	6,104	
Sunstone Hotelinvestors Inc		4,112	3,209	
Suzuki Motor Corp ADR		9,203	9,726	
Synopsys Inc		11,387	14,581	
Sysco Corp		19,185	19,435	
Taiwan Semiconductormanufacturing Co Ltd Spon ADR		16,366	25,896	
Target Corp		31,843	17,428	
Tdk Corp ADR		8,439	11,738	
Tencent Holdings Ltd Unspn ADR		13,058	14,428	
Terreno Realty Corp		35,799	39,007	
Terumo Corpadr		5,459	5,822	
Tetra Tech Inc		38,424	56,306	
Texas Instruments Inc		21,450	25,877	

# BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST

## SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

March 31, 2025

EIN: 44-0622339  
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost (1)	Current value	
<b>Common Stock (continued)</b>				
Texas Roadhouse Inc Class A		\$ 39,106	\$ 42,324	
Tfi Intl Inc		6,568	6,351	
Tjx Cos Inc		12,148	19,001	
Tokyo Electron Ltd Unspn Adr		9,135	9,172	
Totalenergies Se Spon Adr		27,243	31,181	
Toyota Motor Corp Spon Adr		24,240	21,537	
U S Physical Therapy Inc		52,413	41,969	
Ufp Industries Inc		12,936	24,084	
Ulta Beauty Inc		25,203	19,793	
Unicharm Corp Sponsored Adr		4,889	3,506	
Unicredit Spa Adr New 2017		15,203	23,430	
United Parcel Service Inc Cl B		11,764	10,079	
Universal Display Corp		24,600	25,385	
Utz Brands Inc Cl A		55,927	40,325	
Ventas Inc		35,486	43,594	
Verizon Communications Inc		30,560	27,987	
Vici Properties Inc		19,140	24,171	
Victory Capital Holdings Inc Del Cl A		43,441	69,502	
Vornado Realty Trust		8,435	8,027	
Wec Energy Group Inc		24,043	28,444	
Wells Fargo & Co		24,293	30,511	
Welltower Inc		24,171	54,849	
Weyerhaeuser Co		5,923	5,212	
Williams Cos Inc		14,228	20,557	
Winmark Corp		19,268	19,390	
Wintrust Financial Corp		25,907	21,817	
Woodward Inc		18,533	29,016	
		<u>4,862,791</u>	<u>5,578,244</u>	
<b>Corporate Bonds</b>				
Becton Dickinson & Counsecd Note cpn	5.110% DUE 02/08/34	\$ 60,706	\$ 59,808	
Bp Cap Mkts Plcsub Note Perpetualfxd/Var cpn	4.875% DUE 03/22/30	48,125	47,821	
Bristol Myers Squibb Cosr Unsecd Note cpn	5.200% DUE 02/22/34	5,144	5,075	
Caterpillar Finl Svscorp Unsecd Medium Termnote Ser J cpn	3.600% DUE 08/12/27	58,852	59,117	
Celanese Us Hldgs Llcscr Note cpn	6.379% DUE 07/15/32	63,138	66,605	
Citigroup Incsub Note cpn	4.450% DUE 09/29/27	51,230	49,746	
Cme Grp Incsr Note cpn	3.750% DUE 06/15/28	52,773	49,332	
Comcast Corp New note cpn	3.150% DUE 03/01/26	75,826	74,134	
Comcast Corp New note cpn	3.375% DUE 08/15/25	50,052	49,772	
Comcast Corp Newunsecd Note cpn	4.250% DUE 10/15/30	57,125	58,827	
Conagra Brands Incsr Note cpn	4.850% DUE 11/01/28	58,028	60,097	
Cvs Hlth Corpsr Note cpn	3.875% DUE 07/20/25	50,021	49,853	
Digital Realty Tr Lpugd Note cpn	3.700% DUE 08/15/27	50,872	49,077	
Discover Finl Svcssr Note cpn	4.100% DUE 02/09/27	51,504	49,474	
Eaton Corpugd Sr Note cpn	4.350% DUE 05/18/28	98,450	100,215	
Ebay Inc note cpn	3.600% DUE 06/05/27	49,597	49,042	
Fedex Corp note cpn	3.100% DUE 08/05/29	60,070	60,832	
Fedl Farm Credit Bank bond cpn	0.700% DUE 08/13/26	74,895	71,647	
Fedl Natl Mtg Assn note cpn	0.580% DUE 10/20/25	74,981	73,506	
Fiserv Incsr Note cpn	3.850% DUE 06/01/25	50,000	49,900	
Genl Mills Incunsecd Note cpn	4.200% DUE 04/17/28	53,004	49,483	
Goldman Sachs Group Incsub Note cpn	4.250% DUE 10/21/25	50,289	49,869	
Honeywell Intl Inc note cpn	4.500% DUE 01/15/34	63,226	62,654	
Honeywell Intl Inc note cpn	4.875% DUE 09/01/29	102,510	101,706	
Hp Incunsecd Note cpn	3.000% DUE 06/17/27	51,390	48,319	
Hunt Jb Transn Svcs Incsr Note cpn	3.875% DUE 03/01/26	75,920	74,478	
Intercontinentalexchange Incsr Unsecd Note cpn	4.350% DUE 06/15/29	63,396	64,342	

## BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST

### SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

March 31, 2025

EIN: 44-0622339  
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost (1)	Current value
<b>Corporate Bonds (continued)</b>				
	Lincoln Natl Corp Indsr Note cpn	3.800% DUE 03/01/28	\$ 60,224	\$ 58,585
	Lowes Cos Incunsecd Note cpn	4.000% DUE 04/15/25	50,000	49,983
	Marriott Intl Inc Newnote Ser R cpn	3.125% DUE 06/15/26	60,078	58,979
	Marriott Intl Inc Newunsecd Note Ser FF cpn	4.625% DUE 06/15/30	63,938	64,417
	Mcdonalds Corpmedium Term Note cpn	3.700% DUE 01/30/26	50,342	49,673
	Mckesson Corp Newsr Unsecd Note cpn	5.100% DUE 07/15/33	19,920	20,235
	Morgan Stanleysub Note cpn	4.350% DUE 09/08/26	50,717	49,780
	Motorola Solutions Incsr Note cpn	4.600% DUE 05/23/29	54,478	49,739
	Nextera Energy Cap Hldgsinc Gtd Debenture cpn	3.550% DUE 05/01/27	95,900	98,054
	Northern Tr Corp cpn	3.950% DUE 10/30/25	25,135	24,920
	Precision Castparts Corpsr Note cpn	3.250% DUE 06/15/25	75,000	74,799
	Progressive Corp Ohsr Unsecd Note cpn	4.950% DUE 06/15/33	50,238	50,160
	Regions Finl Corpnew Sr Note cpn	2.250% DUE 05/18/25	75,040	74,723
	Schlumberger Invt Sasr Unsecd Gbl Note cpn	5.000% DUE 06/01/34	50,720	49,054
	Thermo Fisher Scientificinc Sr Note cpn	5.086% DUE 08/10/33	51,576	50,542
	Unitedhealth Grp Incsr Note cpn	5.150% DUE 07/15/34	50,537	50,214
	Valero Energy Corp Newsr Note .cpn	2.150% DUE 09/15/27	75,485	70,820
	Valero Energy Corpsr Note cpn	3.400% DUE 09/15/26	51,090	49,178
	Williams Cos Incsr Note cpn	4.650% DUE 08/15/32	54,022	58,031
	Xylem Incsr Note cpn	2.250% DUE 01/30/31	50,818	52,400
			<u>2,716,382</u>	<u>2,689,017</u>
<b>Exchange Traded Funds</b>				
	Invesco QQQ ETF		\$ 729,372	\$ 1,742,975
	Ishares MSCI Eafe Small Cap ETF		305,072	336,264
	Isharesmsci USA Min Volatility Factor ETF		1,269,821	1,796,961
	Vanguard Russell 1000 Growth Index Fd ETF		1,363,289	1,348,331
	Vanguard Small Cap Value ETF		1,062,283	1,695,053
	Vanguard Small Cap Growth ETF		883,791	1,168,465
	Vanguard FTSE Emerging Markets ETF		293,285	285,772
	Vanguard Real Estate Index ETF		535,564	612,503
			<u>6,442,477</u>	<u>8,986,324</u>
<b>U.S. Government Securities</b>				
	U S Treasury Bond Cpn	4.500% DUE 02/15/36	\$ 195,868	\$ 189,943
	U S Treasury Bond Cpn	4.750% DUE 02/15/37	273,219	277,163
	U S Treasury Bond Cpn	3.875% DUE 08/15/33	188,542	185,776
	U S Treasury Bond Cpn	4.000% DUE 02/15/34	353,512	359,142
	U S Treasury Bond Cpn	4.000% DUE 10/31/29	179,970	185,202
	U S Treasury Bond Cpn	4.625% DUE 09/30/30	352,191	360,283
			<u>1,543,302</u>	<u>1,557,509</u>
<b>Mutual Funds</b>				
	Allspring Growth Instl Cl Fund		\$ 654,026	\$ 554,501
	Blackrock Strategic Income Opptys Instl Cl Fund		607,986	566,027
	Boston Partners Long Short Research Instl Cl Fund		319,646	304,820
	Cullen Emerging Markets High dividend Cl I Fund		566,714	647,479
	Federated Hermes Govt Oblig Advisor Cl Fund		24,109	24,109
	Federated Hermesu S Treasury Cash Reserves Instl Cl Fund		7,278	7,278
	Federated Hermes Ultras Short Bond Instl Cl Fund		967,951	980,563
	Pimco Income Instl Cl Fund		1,716,558	1,627,808
	TCW Emerging Markets Income Cl I Fund		972,527	785,168
	Van Eckemerging Markets Cl Y Fund		514,834	411,818
	Washington Mutual Investors Cl F2 Fund		(1)	1,196,201
	American Funds International Vantage Fund		(1)	9,291
	BNY Mellon Dynamic Value Y Fund		(1)	9,115
	DFA Emerging Markets Core Equity 2 I Fund		(1)	12,747

# BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST

## SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

March 31, 2025

EIN: 44-0622339  
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
			(1)	
	<b>Mutual Funds (continued)</b>			
	DFA U.S. Targeted Value Portfolio Institutional Class Fund		\$ (1)	\$ 8,485
	Fidelity Advisor Capital & Income Fund - Class Z		(1)	7,061
	Fidelity Advisor Value Z Fund		(1)	7,799
	Fidelity International Index Fund		(1)	12,141
	Fidelity Mid Cap Index Fund		(1)	9,835
	Fidelity U.S. Bond Index Fund		(1)	1,655
	Loomis Sayles Investment Grade Bond Fund Class N		(1)	7,308
	Macquarie Global Bond Fund Class R6		(1)	10,031
	PGIM Jennison Mid-Cap Growth R6 Fund		(1)	3,202
	PIMCO Institutional Income Fund		(1)	31,675
	PIMCO StocksPLUS International Fund		(1)	3,501
	Putnam Small Cap Growth Fund Class R6		(1)	6,173
	Schwab Fundamental International Equity Index Fund		(1)	3,376
	Schwab S&P 500 Index Fund		(1)	53,242
	T. Rowe Price All-Cap Opportunities Fund		(1)	9,318
	Victory Nasdaq 100 Index R6 Fund		(1)	13,177
			<u>6,351,629</u>	<u>7,324,904</u>
	<b>Preferred Stock</b>			
	Allstate Corp Dep Shsrepstg 1/1000Th Int Noncuml Perptl Pfd H		\$ 48,615	\$ 42,000
	At&T Incglbl Note		37,500	34,125
	Bank America Corpdep Shs Repstg 1/1000Thint Non Cuml Pfd Qq 4.25		27,491	26,970
	Cms Energy Corpjr Sub Note		48,858	45,620
	Duke Energy Corpjr Sub Deb		37,434	35,820
	Jp Morgan Chase & Co Depshs Repstg 1/4000 Intron Cuml Gg Pfd Perptl		38,865	30,840
	Metlife Dep Shsrepstg 1/1000Th Non Cumlpfd Perptl E		27,803	23,580
	Nextera Energy Cap Hldgsinc Jr Sub Deb Ser N Pfd		37,975	34,527
	Prudential Financial Incjr Sub Note		37,395	37,080
	Public Storage Dep Shsrepstg 1/1000 Cuml Pfdben Int H Perptl		40,135	34,395
	Reinsurance Groupamerica Inc Subdebenture		39,119	39,376
	Schwab Charles Corp Depshs Repstg 1/100Th Pfdser F Fxd/Var Perpetual		50,375	48,143
	Southern Companyser A Jr Sub Note		33,015	30,630
	W R Berkley Corpsub Debenture		31,369	25,530
	Wells Fargo & Co Dep Shsrepstg 1/1000Th Perptlnon Cuml A Ser Z		28,991	29,865
			<u>564,940</u>	<u>518,501</u>
	<b>Common Collective Trusts</b>			
*	Principal LifeTime Hybrid Inc CIT Z		\$ (1)	\$ 1,217
*	Principal LifeTime Hybrid 2015 CIT Z		(1)	1,790
*	Principal LifeTime Hybrid 2020 CIT Z		(1)	5,113
*	Principal LifeTime Hybrid 2025 CIT Z		(1)	19,845
*	Principal LifeTime Hybrid 2030 CIT Z		(1)	151,727
*	Principal LifeTime Hybrid 2035 CIT Z		(1)	12,529
*	Principal LifeTime Hybrid 2040 CIT Z		(1)	58,839
*	Principal LifeTime Hybrid 2045 CIT Z		(1)	46,375
*	Principal LifeTime Hybrid 2050 CIT Z		(1)	32,421
*	Principal LifeTime Hybrid 2055 CIT Z		(1)	13,482
*	Principal LifeTime Hybrid 2060 CIT Z		(1)	7,619
*	Principal LifeTime Hybrid 2065 CIT Z		(1)	5,747
*	Principal LifeTime Hybrid 2070 CIT Z		(1)	290
			<u>(1)</u>	<u>356,994</u>
	<b>Pooled Separate Account</b>			
*	Principal SmallCap S&P 600 Index Fund		\$ (1)	\$ 6,364
	<b>Insurance Investment Contract</b>			
*	Principal Guaranteed Option		\$ (1)	\$ 3,835

**BURGERS EMPLOYEES PROFIT SHARING PLAN AND TRUST**

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

March 31, 2025

EIN: 44-0622339  
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost (1)	Current value
	<b>Partnerships</b>			
	Blackstone Real Estate Income Trust Inc Cl I		\$ 500,000	\$ 518,902
	Blue Owl Credit Income Corp Cl I		462,840	472,330
	Millburn Multi Markets Fund Ser B LP		200,000	250,002
	Nb Private Markets Access Fd Cl I		400,000	480,369
	Skybridge Opportunity Fund LLC		<u>500,000</u>	<u>665,829</u>
			<u>2,062,840</u>	<u>2,387,432</u>
			<u>\$ 25,025,350</u>	<u>\$ 29,890,113</u>

\* Party-in-interest as defined by ERISA.

(1) Cost information may be omitted for plan assets, which are participant-directed.